

Live Well Challenge 2006

Team Member Evaluation Form

Thank you very much for participating in the Live Well Challenge. In order to bring you the best programs available, we need your feedback. Please take a couple of minutes and fill out this online evaluation form.

1. Please read the following question and circle the response that best describes your current level of fruit, vegetable and whole grain consumption

- a. I don't eat fruits, vegetables or whole grains now and I have no plans to start
- b. I don't eat fruits, vegetables or whole grains now, but I've been thinking about starting
- c. I have been eating fruits, vegetables and whole grains daily, although fewer than the recommended servings
- d. I have been eating fruits, vegetables and whole grains daily for less than six months
- e. I have been eating the recommended servings of fruits, vegetables and whole grains for six months or longer

2. Please read the following question and circle the response that best describes your current level of physical activity

- a. I don't engage in the recommended 30 minutes of physical activity on most days of the week now and I have no plans to start
- b. I don't engage in the recommended 30 minutes of physical activity on most days of the week now, but I've been thinking about starting
- c. I have been engaging in the recommended 30 minutes of physical activity but not on most days of the week
- d. I have been engaging in the recommended 30 minutes of physical activity on most days of the week for less than six months
- e. I have been engaging in the recommended 30 minutes of physical activity most days of the week for six months or longer

3. Have you improved your health behaviors related to nutrition or physical activity as a result of the Live Well Challenge?

- a. Yes, a lot
- b. Yes, a little
- c. No, I was already practicing good behaviors
- d. No, I was unable to make improvements

4. Please indicate your agreement with the following statements regarding the Live Well Challenge by circling the response that best matches your opinion

- a. I would encourage others to participate
 - i. Strongly agree
 - ii. Agree
 - iii. Disagree
 - iv. Strongly disagree
- b. I felt good about myself as I participated
 - i. Strongly agree
 - ii. Agree
 - iii. Disagree
 - iv. Strongly disagree
- c. I felt positive support to participate
 - i. Strongly agree
 - ii. Agree
 - iii. Disagree
 - iv. Strongly disagree
- d. If the Live Well Challenge were repeated, I am confident I would participate again
 - i. Strongly agree
 - ii. Agree
 - iii. Disagree
 - iv. Strongly disagree

5. Please check the top three ways you benefited from the Live Well Challenge

- a. I have increased energy
- b. I have better control over my weight
- c. I am able to handle everyday stress more effectively
- d. I feel better overall
- e. I sleep better
- f. I feel better about my body image
- g. I am more productive on the job
- h. I have better working relationships with my co-workers
- i. Other (please specify)_____
- j. I did not benefit

6. Please check the top three barriers you experienced during the Live Well Challenge

- a. Lack of personal motivation
- b. Lack of confidence in my ability to choose good nutrition or be physically active

- c. Busy work schedule
- d. Busy home/family schedule
- e. Lack of support from supervisor or management
- f. Lack of support from my team
- g. Lack of support from significant others
- h. Difficulty obtaining fruits, vegetables and whole grains at work
- i. No activity partner or loss of activity partner
- j. Difficulty scheduling activity at work
- k. Loss of interest in keeping records of points
- l. Physical injury
- m. Health problems
- n. Other (please specify)_____
- o. No barriers

7. During which of the Live Well Challenge time periods did you experience the most motivational problems in continuing to reach your goals?

- a. At the beginning
- b. At the midpoint
- c. Toward the end
- d. I was motivated all of the time
- e. I had motivation problems throughout the program

8. Please check the top three things that motivated you to reach your Live Well Challenge goal

- a. Drawings and prize
- b. Management/supervisor support
- c. Team Captain support (e-mails, verbal, etc.
- d. Co-worker support
- e. Family support
- f. Signing up and making a commitment
- g. Keeping a record of nutrition and/or physical activity
- h. Other (please specify)_____
- i. None

9. Over the next six months, do you plan to (choose one):

- a. Increase intake of fruits, vegetables, whole grains and physical activity level?
- b. Decrease intake of fruits, vegetables, whole grains and physical activity level?
- c. Maintain intake of fruits, vegetables, whole grains and physical activity level?

10. What are your suggestions for future Live Well Challenge programs?

11. Please rate the registration process

- a. Very easy
- b. Easy
- c. Difficult
- d. Very difficult
- e. Comments:_____

12. Please rate the web site

- a. Finding information
 - i. Very helpful
 - ii. Helpful
 - iii. Not helpful
 - iv. Not at all helpful
- b. Motivating you to continue
 - i. Very helpful
 - ii. Helpful
 - iii. Not helpful
 - iv. Not at all helpful
- c. Fostering team spirit and friendly competition
 - i. Very helpful
 - ii. Helpful
 - iii. Not helpful
 - iv. Not at all helpful
- d. Comments_____

13. Did your participation influence your family to make changes to their nutrition or physical activity habits?

- a. Yes
- b. No
- c. Not applicable

14. If you participate next year, would you like your family to be able to participate as well?

- a. Yes
- b. No
- c. Not applicable

15. Overall, how would you rate the Live Well Challenge?

- a. Excellent
- b. Very good
- c. Satisfactory
- d. Poor
- e. Very poor

16. Other comments and suggestions for the program?

Please fax or mail completed evaluation form to:

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King County Mailstop: YES-ES-0500

Fax 206.263.6694